



# U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B)

OMB No. 1890 - 0004

*Check only one box per Program Office instructions.*☐ Annual Performance Report☐ Final Performance Report

Expiration: XX-XX-XXXX

**General Information**

1. PR/Award #:   
(Block 5 of the Grant Award Notification.)
2. NCES ID #:   
(See Instructions.)
3. Project Title: \_\_\_\_\_  
(Enter the same title as on the approved application.)
4. Grantee Name (Block 1 of the Grant Award Notification.): \_\_\_\_\_
5. Grantee Address (See Instructions.): \_\_\_\_\_
6. Project Director  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Ph. #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Reporting Period Information (See instructions.)**

7. Reporting Period: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**Budget Expenditures (To be completed by your Business Office. See instructions.)**

## 8. Budget Expenditures

	Federal Grant Funds	Non-Federal Funds (Match/Cost Share)
a. Previous Budget Period		
b. Current Reporting Period		
c. Entire Project Period (For Final Performance Reports only)		

**Indirect Cost Information (To be completed by your Business Office. See instructions.)**

9. Indirect Costs
- a. Are you claiming indirect costs under this grant? \_\_\_\_Yes \_\_\_\_No
- b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal government? \_\_\_\_Yes \_\_\_\_No
- c. If yes, provide the following information:  
Period Covered by the Indirect Cost Rate Agreement: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
Approving Federal agency: \_\_\_\_ED \_\_\_\_Other (Please Specify): \_\_\_\_\_  
Type of Rate (For Final Performance Reports Only): \_\_\_\_Provisional \_\_\_\_Final \_\_\_\_Other (Please specify) \_\_\_\_\_
- d. For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that :  
\_\_\_\_ Is included in your approved Indirect Cost Rate Agreement?  
\_\_\_\_ Complies with 34 CFR 76.564(c)(2)?

**Human Subjects (See instructions.)**

10. Annual Certification of Institutional Review Board (IRB) Approval? \_\_\_\_Yes \_\_\_\_No \_\_\_\_N/A

**Performance Measures Status (See instructions.)**

11. Performance Measures Status
- a. Are complete data on performance measures for the current budget period included in the Project Status Chart? \_\_\_\_Yes \_\_\_\_No
- b. If no, when will the data be available and submitted to the Department? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

*To the best of my knowledge and belief, all data in this performance report are true and correct.*

Name of Authorized Representative:	Title:
Signature:	Date:



**U.S. Department of Education**  
**Grant Performance Report (ED 524B)**  
**Executive Summary**

OMB No. 1890 - 0004  
Expiration: XX-XX-XXXX

PR/Award #: 

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(See Instructions.)